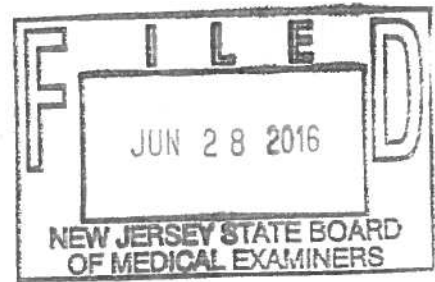


JOHN J. HOFFMAN
Acting Attorney General of New Jersey
Division of Law
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101



By: Steven N. Flanzman
Senior Deputy Attorney General
Phone: (973)-648-7782

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

In the matter of:

LEAMON L. DAVENPORT, D.O.

CONSENT ORDER

This matter was opened before the New Jersey State Board of Medical Examiners (the "Board") upon the Board's receipt of a report from the Medical Practitioner Review Panel (the "Panel") detailing findings made at the conclusion of the Panel's investigation of information reported by Atlanticare Regional Medical Center. Specifically, Atlanticare reported, on or about March 24, 2014, that it had summarily suspended the hospital privileges of Respondent Leamon L. Davenport, D.O., on April 17, 2013, based on concerns regarding "the care of one patient for certain alleged clinical issues."

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The Panel focused its investigation on the case of patient A.S., whose care was reported to be the predicate for Atlanticare's action. The Panel reviewed available medical records for patient A.S., and considered testimony offered by Dr. Davenport when he appeared for an investigative hearing on January 22, 2015. Dr. Davenport is represented in this matter by Flaster Greenberg (Alma Saravia, Esq. and Steve Poulathas, Esq. appearing).

Upon review of available information, the Panel found that on March 9, 2013, A.S. -- an eleven week-old female infant -- was transferred to Atlanticare Regional Medical Center in Atlantic City ("ARMC") after she had been evaluated earlier that day at a satellite emergency department in Hammonton for "unusual marks" and had been found to have bruises on both her abdomen and buttocks. The abdominal bruises were reported to be "dark red" in color and to have then turned a "purple/dark red," and the bruises on the buttocks were reported to be a faint yellow color. The hospital record reflects that A.S. was transferred to ARMC for "evaluation of rash" and to allow for a "higher level of care."

Dr. Davenport, a Board certified pediatrician who was then working as a staff hospitalist, conducted a comprehensive physical examination of A.S. when she arrived at ARMC. A.S. was accompanied by her seventeen year-old mother. Dr. Davenport recorded a history to include an appearance of a bruise on the buttocks approximately five days ago that was now fading and a

"new" bruise on the abdomen earlier today, and he recorded that A.S. was "fussy." At the time he examined A.S., Dr. Davenport was aware, based both on his conversation with A.S.' mother and his review of faxed medical records, that A.S. had received only limited pediatric care, as her family had relocated from Minnesota to New Jersey when A.S. was approximately three weeks old, and had not thereafter engaged a New Jersey based pediatrician to care for A.S.

On integumentary evaluation, Dr. Davenport found a "small less than 1 cm flat, irregular shaped ecchymotic area lower left abdomen" and "on left buttock faint yellow." Dr. Davenport recorded differential diagnoses of "coagulopathy, abuse (doubt) and hemangioma." He recorded his diagnostic findings as "11 week-old female with new 'rash', normal platelets, parents appear appropriately concerned and caring for infant. Will observe overnight for any new lesions and arrange visiting nurse for follow-up." Dr. Davenport did not make a report to the New Jersey Division of Youth and Family Services ("DYFS") to evaluate for possible child abuse. Dr. Davenport also did not document performing any extremity exam, did not order a skeletal survey (or any other radiologic studies) and did not order coagulation studies (notwithstanding his presumptive diagnosis of "coagulopathy" and blood work findings of a hematocrit of 26%, which is low for an eleven week old child). When appearing before the Panel, Dr.

Davenport testified that, although he had found multiple, different aged bruises, he did not suspect child abuse, based in part on his conversation with A.S.' mother and his observations of her behavior at ARMC.

Dr. Davenport had no further involvement in A.S.' care at ARMC (i.e., following his examination of the child upon her arrival at ARMC). A.S. was admitted to ARMC overnight and discharged the following morning by another physician.

Later that same day (March 10, 2013), A.S. was taken to the emergency room at Children's Hospital of Philadelphia ("CHOP"), where she was evaluated and admitted for suspected child abuse. A skeletal survey was performed at CHOP, and x-ray evidence of a right ankle fracture was found. The recorded discharge diagnosis at CHOP was "concern for non-accidental trauma." Significantly, no evidence of coagulopathy was found at CHOP.

The Panel found that Dr. Davenport engaged in gross negligence when he examined A.S. on March 9, 2013, based on his failure to have then recognized and/or appreciated the significance of substantial evidence suggestive of child abuse, and based on his concomitant failure to have commenced an evaluation for child abuse and to have notified DYFS. Dr. Davenport was presented with an eleven week old infant who had evidence of injuries inconsistent with her developmental capabilities. The Panel noted that non-ambulatory infants generally, with rare exception, should not have

bruising. Dr. Davenport's index of suspicion of child abuse should have been high based on A.S.' presentation with multiple bruises located away from any bony prominences, his findings of multiple stages of bruising (i.e., the bruises were different colors, suggesting that they were of varying age) and his awareness that A.S. had not, for a period of eight weeks, been followed by a New Jersey based pediatrician.

Additionally, regardless of his subjective impressions of A.S.' mother, Dr. Davenport should have recognized that he could not independently determine whether A.S.' mother (or any other caregiver who may not have been present at ARMC when Dr. Davenport examined A.S.) was abusing A.S., and he should have recognized that there was an absolute need to initiate further evaluation and investigation for non-accidental trauma. Finally, the Panel found that, given A.S.' presentation, Dr. Davenport should have ordered a skeletal survey. The Panel specifically found that Dr. Davenport's gross negligence placed A.S. at grave risk of harm.

The Board herein adopts all of the findings and conclusions set forth above which were made by the Panel. The Board thus finds that cause for disciplinary sanction against respondent exists pursuant to N.J.S.A. 45:1-21(c) (engaging in gross negligence, malpractice or incompetence).

The parties desiring to resolve this matter without need for additional administrative proceedings, and the Board being satisfied that good cause exists for the entry of this Order,

IT IS on this 28th day of June, 2016

ORDERED and AGREED:

1. Respondent Leamon Davenport, D.O., is formally reprimanded for having engaged in gross negligence when providing care to infant A.S. on March 9, 2013, for the reasons set forth above.

2. Respondent is assessed a civil penalty of \$7,500, which penalty shall be payable in full upon entry of this Order.

3. Respondent shall, within six months of the date of entry of this Order, complete a comprehensive course acceptable to the Board in the evaluation and identification of child abuse. Respondent shall be required to secure written pre-approval from the Medical Director of the Board for such course, which he may seek by providing all available information concerning any proposed course to the Medical Director, who shall then review said information and determine whether the proposed course is or is not acceptable. Respondent shall be responsible to ensure that documentation of successful completion of the Board approved course is forwarded by the course provider to the Board. In the event that respondent fails to successfully complete the course work required herein in a timely fashion (that is, in the event the

Board does not receive documentation of successful completion of approved courses within six months of the date of entry of this Order), respondent shall be deemed to have failed to comply with the requirements of this Order, and his license may then be immediately suspended by the Board for failure to comply with the terms of this Order. In the event an Order of immediate suspension for failure to comply with the terms of this Order is entered, respondent's license shall thereafter continue to be actively suspended until such time as he successfully completes the required course work, documentation thereof is submitted to the Board, and written notice of reinstatement is provided by the Board to respondent.

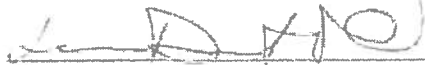
NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By:



Stewart A. Berkowitz, M.D.
Board President

I represent that I have carefully read and considered this Order, understand its terms, agree to comply with said terms and consent to the entry of the Order by the Board.



Leamon L. Davenport, D.O.

Dated:

June 3, 2016

Consent to form of Order and to the entry
of this Order by the Board.

A handwritten signature in cursive script, appearing to read "Alma L. Saravia", written over a horizontal line.

Alma L. Saravia Esq.
Counsel for Dr. Davenport

Dated:

6/14/16

NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ORDERS/ACTIONS

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or examination. See N.J.S.A. 47:1A-1, et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See <http://www.njdoctorlist.com>.

Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website.

See <http://www.njconsumeraffairs.gov/bme>.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015. See <http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf>.

Pursuant to N.J.S.A.45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press Office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

Nothing herein is intended in any way to limit the Board, the Division of Consumer Affairs or the Attorney General from disclosing any public document.